	Subs	stitute for form 1449/PTO	Complete if Known											
INFORMATION DISCLOSURE  STATEMENT BY APPLICANT  (Use as many sheets as necessary)  (Use as many sheets as necessary)			Application Number Filing Date First Named Inventor Art Unit		10/668,794  September 22, 2003  Eckstedt  3616									
								Examiner Name E		E.D. Culbreth				
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								EXAMINER INITIAL	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY		Name of Patentee or Applicant of Cited Document	
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	-	FOREIGN PAT	ENT DOCUMENT	S										
EXAMINER INITIAL*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date	_,	Name of Patentee or Applicant of Cited Document									
		Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)	MM-DD-YYYY											
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include

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